

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Waipahu Hale	CHAPTER 100.1
Address: 94-1201 Huakai Street, Waipahu, Hawaii 96797	Inspection Date: September 4, 2020 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 Nutrition. (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p>FINDINGS Resident #1 – Physician diet order written on 3/28/20, 7/18/20, and 8/20/20, states "regular minced consistency with nectar thickened consistency liquids". Resident observed eating a chicken salad sandwich for lunch, by OHCA consultant during inspection.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>THIS LICENSEE CALLED DR. TOKUSHIGE'S OFFICE ON 09/05/20 AND OBTAINED TELEPHONE ORDER TO CHANGE RESIDENT #1 DIET TO REGULAR WITH NECTAR THICKENED CONSISTENCY LIQUIDS.</p> <p>SIGNED ORDER BY DR. TOKUSHIGE WAS RECEIVED ON 09/14/20 VIA FAX.</p>	09-05-2020

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><u>FINDINGS</u> Resident #1 – Physician diet order written on 3/28/20, 7/18/20, and 8/20/20, states "regular minced consistency with nectar thickened consistency liquids". Resident observed eating a chicken salad sandwich for lunch, by OHCA consultant during inspection.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>TO PREVENT THIS FROM HAPPENING AGAIN, THIS LICENSEE MADE A TABLE SEATING DIAGRAM SHOWING THE RESIDENT'S name and assigned SEAT WITH THEIR RESPECTIVE DIET ORDERS BY PHYSICIAN. THIS DIAGRAM IS POSTED VISIBLE AT THE DINING TABLE TO REMIND CAREGIVERS THE RESIDENTS CORRECT DIET. IN ADDITION, THIS LICENSEE WILL PLACE A name PLATE IN FRONT OF ANY RESIDENT WITH SPECIAL DIET. THE name PLATE WILL INCLUDE THE SPECIAL DIET ORDERED BY THE PHYSICIAN.</p>	10-12-2020

SEE ATTACHED

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1 – Medication bottle labeled, “Carbidopa 25/Levodopa 100mg take half tablet by mouth once daily as needed after dinner for restless leg syndrome”, filled on 4/17/20. However, no physicians order for this medication available until 7/18/20.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Medication order dated, 3/28/20, “Carbidopa 25/Levodopa 100 – 1 tab PO after dinner for RSL”, was discontinued on 4/8/20 on medication administration record (MAR) and a new order was written on the MAR from 4/18/20 through 7/18/20 as, “Carbidopa 25/Levodopa 100mg take 0.5 tablet by mouth once daily as needed after dinner for restless leg syndrome”. However, no physician’s order was available for this new Carbidopa25\Levodopa order written on the MAR between 4/18/20 and 7/18/20.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	


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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1 – Initial and annual TB clearance unavailable for review. Submit a copy with plan of correction.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>THIS LICENSEE CALLED THE OFFICE OF RESIDENT'S PCP, DR. LIANE TOKUSHIGE, ON 09-05-2020 TO INFORM THEM ABOUT THE DEPT. OF HEALTH POLICIES ON TB CLEARANCE RECORDS. ON 09-14-2020, THIS LICENSEE RECEIVES AN UPDATED TB CLEARANCE RECORD WITH MD'S SIGNATURE.</p>	09-14-2020

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Response to medications not documented in progress notes for the following months: 5/2020, 6/2020, 7/2020.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>THIS LICENSEE ANSWERED THE RESPONSE TO MEDICATIONS IN PROGRESS NOTES THE FOLLOWING MONTHS: 05/2020, 06/2020 AND 07/2020 WITH "EFFECTIVE".</p> <p>THE RESIDENT WAS STABLE, NO CHANGES NOTED ON MEDICATIONS AND NO PROBLEMS OR ISSUES NOTED ON THOSE MONTHS. THEREFORE, THIS LICENSEE WROTE "EFFECTIVE" TO RESPONSE TO MEDICATIONS.</p>	09-04-2020

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Response to medications not documented in progress notes for the following months: 5/2020, 6/2020, 7/2020.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>TO PREVENT THIS FROM HAPPENING AGAIN, THIS LICENSEE MADE A SAMPLE COMPLETED GUIDELINE IN COMPLETING THE PROGRESS NOTES.</p> <p>IN ADDITION, THIS LICENSEE HIGHLIGHTED THE 'RESPONSE TO MEDICATION' TO REMIND MYSELF TO DOCUMENT THE RESIDENT'S RESPONSE TO MEDICATION ACCORDINGLY.</p>	10-12-2020

Licensee's/Administrator's Signature: 

Print Name: AGA S. ANTONIO

Date: 10-12-2020